STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lol	bbyist(s) <u>Susan S. Geige</u>	r			
II. Name of lo	bbyist's partnership, firm o	r corporation, if any	:		
Orr & Reno	o. P.A.		_		
	(Name of partnership, firm o	r corporation)			
	Street, P.O. Box 3550	Concord	ŊĦ	03302	
Business Addres	s: (Street)	(Town/City)	(State)	(Zip Code)	
(603) <u>224-2</u> (Telep	2381 (60 phone))3) <u>224-2318</u> (Fax)	e-mail sgeiger@orr-reno.com		
	ment covers: (Choose one – ense transactions which ar		for each client, OR you may any one client).	file a separate report for	
☐ All reportal	ble transactions occurring in	the months prior to th	e reporting date relative to the f	ollowing client:	
~	-	•	_		
NW C	Full Name of Client	\&\(\(\(\)\V\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WICATON A110Cla	IIDN FOCCIA	
OR	(t dii tradic di Chem i	is it appears on the book	y ist registration i dilli		
	le transactions by the lobbying particular client.	st (including the lobby	rist's family), or the lobbying fi	rm listed below which are	
IV. Date of Re	port April 25, 2018		July 25, 2018 🗍		
Reports cover:	octivity from date of registra	tion to 3/31/18	activity from 4/1/18 to 6/30/18		
	October 31, 2018 octivity from 7/1/18 to		January 30, 2019 A activity from 10/1/18 to 12/31/18		
	ecked, complete just this form		ransactions made since the Secretary of State's Office, Stat		
VI Check if a	dditional reports are attach	red:			
	•		Addendum A – Fees and Expe	enses	
•	e paid an honorarium or reim		must file Addendum B- Repor		
🛭 If you, you	ir firm, or your family has ma	ade political contribut	ions, you must file Addendum	C Political Contributions	
I have read RS.	ent/Affirmation by Lobbyis A 15, RSA 15-B, RSA 14-C o the best of my knowledge a	and RSA 664 and her	eby swear or affirm that the fore		
<u></u>	Obbyist)		01/30/19 (Date)		
(Signature of I	obbyist)		(Date)		
Susan S. C (Print Name o	Geiger f lobbyist)				